## NC DHHS DMH/DD/SAS CAP-MR/DD Day Supports

| Conditional | Full Endorsement |
|-------------|------------------|
|-------------|------------------|

Reviewer: **Evidence of** NOT Evidence of NOT CAP-MR/DD - Day Supports MET N/A N/A Compliance MET Compliance MET MET Comments **Provider Requirements** \*\*1) Must be delivered by practitioners employed by an organization that meets the standards established by the Division of MHDDSAS or LME approved/endorsed by DHHS. Provider Provider These standards set for the application with application with administrative, financial, all required all required clinical, quality improvement, supporting supporting and information services documentation documentation infrastructure necessary to as required in; as required in; provider services. provider provider 2) Provider organization must application; application; demonstrate they meet these program program standards by being endorsed description description by the LME. Policy Policy \*\* The organization must be and and established as a legally Procedure Procedure Manual Manual recognized entity in the US and registered to do business as a corporate entity in N.C. Copy of current Maintain a license as specified Copy of current under 10A NCAC 27G OR license license Copy of current For Licensed Developmental Copy of current Day Programs: Maintain a license license license as Developmental Day program approved by the Division of Child and Maternal Health OR

| f | For Licensed Day Care Programs: Maintain license as Licensed day Care Programs- GS 110 Article 7 OR   | Copy of current license   | Copy of current license  |
|---|---|---|--|
| g | Adult Day Care: Certified as<br>Adult Day Care by the Division<br>of Aging  | Copy of current certification                                       | Copy of current license  |
|   | Staffing Requirements   |   |  |
| а | Staff must meet requirements for paraprofessional in 10A NCAC 27G .01000200 or in Licensed Developmental Day Programs staff have at least a high school diploma or high school equivalency supervised by a Qualified Professional or Associate Professional | Program<br>description;<br>Personnel<br>Manual; job<br>descriptions | Personnel files; supervision plans or other documentation that staff minimum requirements and supervision requirements are met.  |
| b | Staff must meet client specific competencies as identified by the individual's plan of care.  | Program<br>description;<br>Personnel<br>Manual; job<br>descriptions | Personnel files; supervision plans or other documentation that staff minimum requirements and supervision requirements are met; documentation that client specific training has been provided as identified in the Plan of Care; copy of Plan of |

|   |   |   |  | <br>   |  |  |  |
|---|---|---|--|--|--|--|--|
|   |   |   |  | Care.  |  |  |  |
| С | Direct Care Staff must have criminal record check                                   | Program<br>description;<br>Personnel<br>Manual; job<br>descriptions |  | Personnel files; supervision plans or other documentation that staff minimum requirements and supervision requirements are met; copy of criminal record check.     |  |  |  |
| d | Staff must have a health care registry check in accordance with 10A NCAC 27 G.0200. | Program<br>description;<br>Personnel<br>Manual; job<br>descriptions |  | Personnel files; supervision plans or other documentation that staff minimum requirements and supervision requirements are met; copy of healthcare registry check. |  |  |  |
| е | Staff who is providing transportation will have a driver license check.             | Program<br>description;<br>Personnel<br>Manual; job<br>descriptions |  | Personnel files;<br>supervision<br>plans or other<br>documentation<br>that staff<br>minimum  |  |  |  |

|   |   |  |  | 1 | requirements<br>and<br>supervision<br>requirements<br>are met; copy<br>of driver's<br>license check.                  |  |  |
|---|---|--|--|---|---|--|--|
|   | Service Type/Setting  |  |  |   |   |  |  |
| а | Services are provided by licensed non- residential facility separate from the home or facility in which the individual resides.   | Program<br>description;<br>policies and<br>procedures. |  |   | Program description, policies and procedures; service notes documenting implementation of appropriate programming.    |  |  |
| b | On site attendance is not required to receive services that originate from the facility   | Program<br>description;<br>policies and<br>procedures  |  |   | Program description, policies and procedures; and service notes documenting implementation of appropriate programming |  |  |
| _ | Program /Clinical<br>Requirements   |  |  |   |   |  |  |
| а | Day supports provide assistance with the acquisition, retention, or improvement in self-help, socialization, and adaptive skills. | Program<br>description;<br>policies and<br>procedures. |  |   | Program description, policies and procedures; and service notes documenting   |  |  |

|   |  |  |  | implementation of appropriate programming.  |
|---|--|--|--|---|
| b | Day Supports shall focus on enabling the individual to attain or maintain maximum functional level and shall be coordinated with physical, occupational, or speech therapies listed in the plan of care  | Program description; policies and procedures.          |  | Program description, policies and procedures; and service notes documenting implementation of appropriate programming; copy of approved Plan of Care. |
| С | The service is inclusive of transportation to and from the participant's primary residence, the licensed facility, and or the community.  Travel time is not billed since it is not actual service time.  Billing for the service starts once the participant reaches the site. Travel time is addressed through the rate established for the service. | Program<br>description;<br>policies and<br>procedures. |  | Program description, policies and procedures; and service notes documenting implementation of appropriate programming; copy of approved Plan of Care. |
|   | Documentation Requirements   |  |  |   |
| а |  | Service Record;<br>Policy and<br>Procedure<br>Manual   |  | Evidence of documentation according to Service Records Manual.  |

| 6 |  |
|---|--|
|   |  |

|  |  |   |  | · |
|--|--|---|--|---|
| which reflects the assessment of the consumer's progress         |  |   |  |   |
| toward goals; duration, when required; and initial so the        |  |   |  |   |
| individual providing the service. Initials shall correspond to a |  | _ |  |   |
| signature on the signature log section of the grid.              |  |   |  |   |